



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5050**

June 26, 2013

CERTIFIED MAIL 7008 1300 7157 5587

Bernardita Sarausad
Sarausad House
931 12th Ave N
Edmonds, Washington 98020

Adult Family Home License #99800

IMPOSITION OF CIVIL FINE

Dear Ms.:

This letter constitutes formal notice of the imposition of a civil fine for your adult family home, located at **20129 30th Ave NE, Seattle, Washington**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code 388-76-10940.

The civil fine is based on the following violations of the RCW and/or WAC found by the department in your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on **June 17, 2013**.

WAC 388-76-10135(4)(7) Qualification- Caregiver

**\$100.00 per staff
x4 staff = \$400.00**

The adult family home failed to provide proof that caregivers met training requirements, Tuberculosis screening, and current criminal background check on four staff members.

WAC 388-76-10285(1)(2) Tuberculosis – Two Step Skin Testing

\$100.00

The adult family home failed to ensure a staff member had proof of documentation of skin testing either by an initial skin test within three days of employment followed by a second test done one to two weeks after the first test.

WAC 388-76-10380(1)(2) Negotiated Care Plan

**\$100.00 per resident
X2 residents = \$200.00**

The adult family home failed to ensure two residents negotiated care plans were revised when the residents had declined in condition.

WAC 388-76-10522(1)(2)(3)(4)(5)(6) Residents Rights

\$100.00

The adult family home failed to ensure one resident was given a copy of the home's separate and distinct written policy specifying under what circumstances the home would provide care for Medicaid eligible residents.

WAC 388-76- 10650(1)(2)(3) Medical Devices

**\$100.00 per resident
x4 residents = \$400.00**

The adult family home failed to before side rails were used for four residents, the residents assessments determined that they needed and used the rails.

Plan of Correction/Attestation

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

**Delores Usea, Field Manager
RCS District 2 Unit C
20425 72nd Ave S. Suite 400
Kent, WA 98032-2388
Phone (253) 234-6007 Fax (253) 395-5071**

You may contest the civil fine by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

**Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489**

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$1200.00** payable to the Department of Social and Health Services. The check should be sent to:

**DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501**

If payment has not been received within twenty-eight (28) days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due the department will be recovered.

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

**Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax 360-725-3225**

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

Bernardita Sarausad / Sarausad House

June 26, 2013

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If you have any questions, please contact Delores Usea, Field Manager at (253) 234-6007.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

Enclosure

cc: Robert Ogolsky, Compliance Specialist
Field Manager, District 2, Unit C
RCS District Administrator, District 2
HCS Regional Administrator, Region 2
DDD Regional Administrator, Region 2
WA LTC Ombudsman
Area Agency on Aging, AAA- King
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
Judi Plesha, HCS
KR